

10 Rec'd PCT 12 APR 2005

(09-04)

Approved for use through 07/31/2008. OMB 0851-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
With Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket
Number

112624.00029

First Named Inventor

Paul S. Keim

COMPLETE IF KNOWN

Application Number

To be assigned

Filing Date

Art Unit

To be assigned

Examiner Name

To be assigned

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MOLECULAR SIGNATURE AND ASSAY FOR FLUOROQUINOLINE RESISTANCE IN
BACILLUS ANTHRACIS**

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/14/2003

as United States Application Number or PCT International

Application Number

PCT/US03/32287

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US2003/32287	PCT	10/14/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

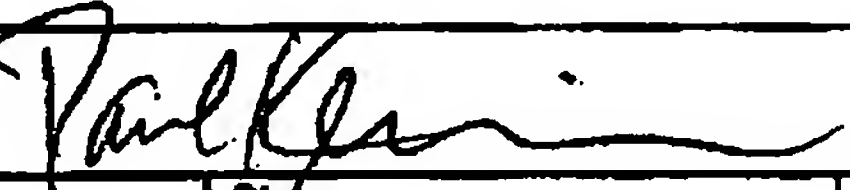

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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1818043

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DECLARATION — Utility or Design Patent Application

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Name				
Address				
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Country	Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Paul S.		KEIM		
Inventor's Signature 			Date	
			4/5/05	
Residence: City	State	Country	Citizenship	
Flagstaff	Arizona	United States	United States	
Mailing Address				
3115 W. Tina Lane				
City	State	Zip	Country	
Flagstaff	Arizona	86001	United States	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))		Family Name or Surname		
Talima		PEARSON		
Inventor's Signature 			Date	
			4/8/05	
Residence: City	State	Country	Citizenship	
Flagstaff	Arizona	United States	United States	
Mailing Address				
1065 Tolani Avenue Place				
City	State	Zip	Country	
Flagstaff	Arizona	86001	United States	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.				

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lance		PRICE	
Inventor's Signature <i>Lance Price</i>		Date 4/7/05	
Residence: City Baltimore	State MD	Country U.S.	Citizenship U.S.
Mailing Address			
Mailing Address 3720 Rexmere Road			
City Baltimore	State MD	ZIP 21218	Country United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph D.		BUSH	
Inventor's Signature		Date	
Residence: City West Lafayette	State IN	Country U.S.	Citizenship U.S.
Mailing Address			
Mailing Address P.O. Box 2641			
City West Lafayette	State IN	ZIP 47996	Country United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Please type a plus sign (+) inside this box → ☐

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Lance		PRICE	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Baltimore	MD	U.S.	U.S.
Mailing Address			
3720 Rexmere Road			
City	State	Zip	Country
Baltimore	MD	21218	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joseph D.		BUSH	
Inventor's Signature		Date	
<i>Joseph D. Bush</i>		4.9.2005	
Residence: City	State	Country	Citizenship
West Lafayette	IN	U.S.	U.S.
Mailing Address			
P.O. Box 2641			
City	State	Zip	Country
West Lafayette	IN	47996	United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
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10/531.159

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Pending
Filing Date	
First Named Inventor	Paul S. Keim
Title	Molecular Signature and Assay ..
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	112624.00029

I hereby appoint:

Practitioners associated with the Customer
Number:

26707

OR



Practitioner(s) named below:

Name	Registration Number

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State

Zip

Country

Telephone

Fax

I am the:



Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature

Paul S. Keim

Date

4-11-05

Name

Paul S. Keim

Telephone

928 523 1078

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**POWER OF ATTORNEY
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Application Number	Pending
Filing Date	
First Named Inventor	Paul S. Keim
Title	Molecular Signature and Assay ..
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	112624.00029

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

☐ Practitioner(s) named below:

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Talima Pearson</i>	Date	4/8/05
Name	Talima Pearson	Telephone	928-523-4290
Title and Company	Northern Arizona University		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Pending
Filing Date	
First Named Inventor	Paul S. Keim
Title	Molecular Signature and Assay ..
Art Unit	To be assigned
Examiner Name	To be assigned
Attorney Docket Number	112624.00029

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Address

City

State

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Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Lance Price</i>	Date	4/7/05
Name	Lance Price	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 4 forms are submitted.

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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	Pending
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Attorney Docket Number	112624.00029

I hereby appoint:

☒ Practitioners associated with the Customer Number:

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OR

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ The address associated with Customer Number:

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Fax		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joseph D. Busch</i>	Date	04.09.2005
Name	Joseph D. Busch	Telephone	785-532-2173
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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